

Appendix 7

The Claim Number

Each claim, adjustment, and prior authorization (PA) received by Wisconsin Medicaid is assigned a unique claim number. This number consists of 15 digits that identify valuable information about the claim, adjustment, and PA. It appears on the Remittance and Status (R/S) Report just above the description of service. The following is a brief explanation of the components of the claim number:

(20) (98) (88) (001) (610) (230)

- “20” The first set of two digits of a claim number always indicates the claim type. For example, a claim type 20 is always a professional claim, which distinguishes it from any other claim type (e.g., nursing home, hospital, etc.). Other claim types appear below.
- “98” The second set of two digits of a claim number is the region. This indicates how Medicaid received the claim. The designation of 98 always indicates a paper or hard copy submission, while the numbers 11, 12, or 13 indicate the claim was submitted via an electronic media claim (EMC).
- “88” The third set of two digits always indicates the year Medicaid received the claim.
- “001” The fourth set of three digits indicates the day of the year by Julian date that Medicaid received the claim. In this case, 001 is January 1.
- “610” The fifth set of three digits is the batch range assigned to the claim.
- “230” The sixth set of three digits is the sequence number assigned within the batch range.

The information regarding claim type, region, year, and Julian date can be helpful to the provider in determining how quickly claims are processed. By comparing the date of service with the Julian date and the R/S Report date, providers may find areas that could be improved upon by prompt claims submission.

Claim Types

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| <ul style="list-style-type: none"> 10 - Drugs 19 - Drug Adjustment 20 - Professional Claims [e.g., physicians, chiropractors, nurse practitioners, physician clinics, podiatrists] 21 - Dental 22 - HealthCheck Screening 23 - Hospital Outpatient 24 - Miscellaneous [e.g., Transportation, Vision Care, Therapy, Audiology, Durable Medical Equipment (DME), Home Health, Personal Care] | <ul style="list-style-type: none"> 30 - Professional Crossover 31 - Outpatient Crossover 39 - Professional Adjustment 40 - Inpatient Hospital 41 - Nursing Home 49 - Inpatient Hospital Adjustment 50 - Inpatient Hospital Crossover 51 - Nursing Home Crossover 59 - Nursing Home Adjustment |
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Regions

10 - Retroactive Rate Adjustment
11 - Tape Billing Electronic Claims⁺
12 - Medicare Crossover Tape Billing
13 - Telephone Transmission Electronic Claims
80 - Medicaid-Initiated Adjustment
84 - Provider-based Billing Adjustment

85 - Pharmacy POS Real-Time Transmission
86 - Pharmacy POS Real-Time Transmission
87 - Pharmacy POS Real-Time Transmission
92 - PA Request/SOI (Spell of Illness) Request
94 - Hospital Pass-through
98 - Paper Claim/Adjustment⁺

⁺ = Region also used by the Pharmacy Point of Sale (POS) system.